

CONTINUATION OF REPORT OF CONTACTS Page ____ of ___ Date ___/__/____

Case Name				Date of Birth			SSN		
Last Name	First	Middle	SSNSex	Exp. Risk	☐ Close ☐ Casual ☐ No contact was made	History of positive TST?		Treatment Started: //	☐ TB disease ☐ Treatment not started ☐ Completed treatment
Address	County	Country	Not Hisp/Lat	Site	☐ Household ☐ Work site	//mm	uc	Number of months:	☐ Contact chose to stop☐ Lost to follow-up☐ Active TB developed
Telephone No.	•	Work	BCG Yes No/// Relation to case:	Exp.	Other Date contact broken	TST positive: ☐ Yes ☐ No CXR date ☐ norm. // ☐ abn.	Disposition		☐ Provider decision ☐ Contact moved follow-up UNK☐ Death
Other			-		//	HIV Test Results Positive Negative UNK	nent and		Adverse drug reaction
Last Name	First	Middle	SSN Sex	Exp. Risk	☐ Close ☐ Casual ☐ No contact was made	History of positive TST? Yes No	reati	Treatment Started:// Treatment Stopped:	☐ TB disease ☐ Treatment not started ☐ Completed treatment ☐ Contact chose to stop
Address			□ Not Hisp/Lat □ DOB □ □ / □ □ / □ □	Site	Household	//mm		Number of months:	Lost to follow-up Active TB developed
City	County	Country	BCG ☐ Yes ☐ No	Exp. 8	VVOIR Site	TST positive: ☐ Yes ☐ No CXR date ☐ norm.	$\frac{1}{2}$	Recommended Taken	☐ Provider decision ☐ Contact moved follow-up UNI
Telephone No. Other	Home	Work	Relation to case:		Date contact broken	HIV Test Results		Clinic:	☐ Death☐ Adverse drug reaction☐
Otner			SSN	Risk	Close	☐ Positive ☐ Negative ☐ UNK History of positive TST? ☐ Yes ☐ No TST Date		Treatment Started:	☐ TB disease
Last Name	First	Middle	Sex	Exp.	Casual No contact was made	//mm		Treatment Stopped:	☐ Treatment not started ☐ Completed treatment ☐ Contact chose to stop
Address	Ozverto	Country	DOB/Not Hisp/Lat	Site	☐ Household ☐ Work site	/mm	٦	Number of months:	Lost to follow-up Active TB developed
City Telephone No.	County	Country	BCG Yes No	Exp.	Other	TST positive: ☐ Yes ☐ No CXR date ☐ norm.	Disposition	Recommended	☐ Provider decision ☐ Contact moved follow-up UNK
Other	Tiome	WOIK	Relation to case:		Date contact broken	HIV Test Results	and Di	Clinic:	☐ Death ☐ Adverse drug reaction
Other			SSN	Risk	☐ Close	☐ Positive ☐ Negative ☐ UNK History of positive TST? ☐ Yes ☐ No TST Date		Treatment Started:	☐ TB disease
Last Name	First	Middle	Sex Male Female Hisp/Lat	Exp.	☐ Casual☐ No contact was made	//mm		Treatment Stopped:	☐ Treatment not started ☐ Completed treatment
Address			DOB//	Site	Household	//mm		Number of months:	☐ Contact chose to stop ☐ Lost to follow-up ☐ Active TB developed
City	County	Country	BCG ☐ Yes ☐ No	Exp. S	Work site Other	TST positive: ☐ Yes ☐ No CXR date ☐ norm.		Recommended Taken	☐ Provider decision ☐ Contact moved follow-up UNI
Telephone No.	Home	Work	Relation to case:		Date contact broken	// abn.		Clinic:	☐ Death ☐ Adverse drug reaction
Other						☐ Positive ☐ Negative ☐ UNK		<u> </u>	
COMMENTS:									